



## BEHAVIOR REHABILITATION SERVICES SEMI-ANNUAL UPDATE



Washington State Department of  
**CHILDREN, YOUTH & FAMILIES**

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Interim Asst. Secretary



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## Executive Summary

HB 1109, section 225(s)(ii), requires the Washington State Department of Children, Youth, and Families (DCYF) to provide semi-annual reports to the Governor and appropriate legislative committees that include the number of in-state behavior rehabilitation services providers and licensed beds, as well as the number of out-of-state behavior rehabilitation services placements.

## Introduction

Behavior Rehabilitation Services (BRS) is a short-term intensive support and treatment program that can include placement in a Qualified Residential Treatment Program (QRTP) or Therapeutic Foster (TFC) home as well as services provided in the caregiver's home. These placements and services are intended to support and safely stabilize youth with high-level service needs and support transition to a less intensive service to assist in achieving a permanent plan.

DCYF has continued to develop the Placement Continuum Unit (PCU) in the division of Partnership, Prevention, and Services. Through the work of the PCU, DCYF is serving more youth with in-home BRS, and therefore serving fewer youth in QRTPs. In addition, when youth need placement in a QRTP, DCYF can place them closer to home in their own regions and avoid sending them to a QRTP in another region. This expansion of in-home BRS has led to greater placement stability for these youth and is supporting safe reunification with their families. The expansion of in-home BRS has allowed for more families to access the service to enhance stabilization and promote safe reunification.

In the 2022 Supplemental Budget, the Legislature increased the rate paid to BRS providers ([ESHB 5693](#) Section 227 (43)). This rate increase helped stabilize the current service line. On-going work with rate modeling has also assisted in retaining providers, and having their voices heard regarding what it takes to support youth in need of this higher level of support. Providers have reported their programs and staffing has stabilized as they are able to retain staff at a higher rate. As DCYF enters the contract renewal period, providers are meeting with members of the PCU to discuss how to maintain an effective workforce to serve DCYF youth while enhancing services and meeting contract requirements.

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### Measuring Capacity and Need

As required by budget proviso, DCYF has traditionally reported licensed BRS provider capacity which reflects the licensed capacity only.

In State BRS Provider Count			
Dates	Type	Count of Providers	Licensed Number of BRS Beds
Average Jan. – April 2021	QRTP	24	338
	Treatment Foster Care	16	N/A*
May – Sept.31, 2021	QRTP	18	252
	Treatment Foster Care	12	N/A*
As of Oct. 31, 2021	QRTP	19	257
	Treatment Foster Care	11	N/A*
As of Jan. 31, 2023	QRTP	22	256
	Treatment Foster Care	14	N/A*
As of June 30, 2023	QRTP	18	245
	Treatment Foster Care	14	N/A*
Number of Youth Placed Out of State			
April 2021		9	
As of Nov. 24, 2021		8	
As of Jan. 31, 2023		5	
As of June 30, 2023		7	

While it appears the number of BRS provider resources has decreased over the last six months, there is still bed availability for certain populations of youth who need it and recruitment occurring to fill service gaps for others. A new program has been onboarded in Region 4 and another is ready to launch soon in Region 5. These programs are meeting the needs of youth, allowing them to remain and be served in their home regions.

Providers have expressed recent concerns around utilization of their programs and how to maintain their programs when they are below licensed capacity. The PCU is in constant communication with BRS providers, discussing different ways to support youth in care and other contract opportunities within DCYF. This is resulting in current successful providers expanding to create an array of services for children and youth in care. Discussions also continue around the BRS needs of the youth currently in care and, while those numbers have reduced, there is greater acuity for those who are in need. Providers are working with DCYF to support this smaller population of youth in new ways (e.g., smaller programs, increased staffing, and expanding to areas where services were previously limited).

## **Conclusion**

DCYF continues to partner with our providers and stakeholders to create a BRS continuum that will ensure children, youth, and their families are provided access to placements and supports that are least restrictive. DCYF will also continue to incorporate youth and family voice in decision-making to ensure wellbeing, recognizing the uniqueness of individual and family needs and understanding that community connections are paramount to success.